



**STATE OF NORTH CAROLINA**  
**CERTIFICATION OF DISABILITY UNDER N.C.G.S. §105-277.1 FOR PARTIAL**  
**AD VALOREM TAX EXCLUSION**

**Taxpayer / Applicant's information**

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) Social Sec. Num \_\_\_\_\_

The disclosure of the social security number is voluntary. This number is needed to establish the identification of individuals. The authority to require this number for the administration of a tax is given by United States Code Title 42, Section 405(c)(2)(C)(i) and N.C.G.S. 105-309

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**This section is to be completed only by a physician licensed to practice medicine in the State of North Carolina or from a governmental agency which is authorized to determine qualification for disability benefits. This document serves as an official certification as described in §105-277.1(c)(2).**

**DEFINITION:**

§105-277.1(b)(4) Totally and permanently disabled - A person is totally and permanently disabled if the person has a physical or mental impairment that substantially precludes him or her from obtaining gainful employment and appears reasonably certain to continue without substantial improvement throughout his or her life.

**Note that because someone receives disability benefits does not necessarily mean they qualify as "totally and permanently disabled".**

**AFFIRMATION BELOW REQUIRED**

I do hereby affirm that I am qualified to determine that \_\_\_\_\_  
Meets the definition of "totally and permanently disabled" which is defined above and in North Carolina General Statute §105-277.1(b)(4).

Affirmation \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ License No. \_\_\_\_\_

Telephone \_\_\_\_\_

**Do not remit this to the North Carolina Department of Revenue. Please send completed form to the appropriate county tax office.**